## **CASEFLOW REQUEST**

JD-CV-116 Rev. 1-16

## STATE OF CONNECTICUT SUPERIOR COURT

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## Instructions

1. Fill out all sections and file with the court.

2. File at least 3 days before the date of the scheduled event.

Note: If the request is granted, the court will try to schedule the event for the requested date. However, if that date is not available, it will be scheduled for the next available date.

Name of case (First-named plaintiff v. First-named defendant)		
Eliyahu Mirlis v. Yeshiva of New Haven, Inc. FKA the	Gan, Inc. FKA the Gan School, Tiky	ah High School and Yeshiva of New
Judicial District of	Date of request	Date of scheduled event (if applicable)
New Haven	4/15/2019	4/18/2019
Name of Judge who scheduled the event (if applicable)	Docket number	
Hon. John Cordani	NNH CV 17	- 6072389 (S)
Requested Action ("X" box(es) that apply and give reason(s) for request below)		
Status Conference on or about:	• • • • • • • • • • • • • • • • • • • •	
Client/adjuster to be available by phone for	Event	scheduled on
Pretrial on or about		
Party to be excused from	scheduled on	<u> </u>
	vent	Date
X Other: Extension of time to comply with order authorizing inspection (Doc. No. 108.10)		
Reason(s) for request:		
Court set date for compliance with order for inspection for on or before 4/18/19 (Doc. No. 108.10). Defendant requests until 5/2/19 to comply. Plaintiff does not object. Defendant requests adjudication prior to 4/18/19.		
l agree to notify my client and all counsel of record and self-represented parties whether the requested action is granted or denied, and if granted, the specific ruling of the court. I have told all counsel and self-represented parties of record that I would be asking for the requested action. All Counsel and Self-represented Parties:   © Do not consent to the action requested above		
Signed (Person maying réquest)	Name of attorney and juris number or	self-represented party (Print or type)
The person requesting the action is the		
☐ Plaintiff ☐ Defendant ☐	Attorney for Plaintiff X A	ttorney for Defendant
Firm name (If applicable) Add		Telephone number (with area code)
	State Street, Ste 100, New Haven, C	
I certify that a copy of the above was mailed or delivered sheet is attached lighting the name and address of each p	d on the date shown below to all counse party the copy was mailed or delivered t	el and self-represented parties of record. A
Signed (Individual attorney or self-represented party)		Date 4/15/2019
Order		
Request is Sign Granted Denied	ned (Judge)	Date

## **ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at <a href="https://www.jud.ct.gov/ADA/">www.jud.ct.gov/ADA/</a>